(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING:	01	COMPLETED	
		FCL011319		B. WING		07/0	R 8/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 234 COUNTRY TIME CIRCLE LEICESTER, NC 28748							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X: COMP		
{C 000}	Initial Comments			{C 000}			
	Report by Paul Dixon DHSR Construction Follow-Up Survey of to 11:00 AM at the all previously cited of corrected; therefore	n Section conducter on July, 8, 2015 from above referenced f deficiencies have b	n 10:15 AM acility. Not een				
{C 142}	corrected; therefore further action is required. Outside Entrances/Exits-Ramps IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2209) c. At least two outside entrances/exits for the residents ' floor level must be ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) This Rule is not met as evidenced by: The front entrance to the facility does not have a ramp. The facility is licensed for up to three non ambulatory residents, therefore a ramp is required at the front entrance. Obtain all required permits and hire a qualified contractor to construct a handicap ramp that meets the requirements of the family care rules. Provide photos and copies of all permits, approvals, invoices, and any other supporting documentation to the DHSR Construction section. *As an alternative to building the ramp you can						

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
FCL011319		B. WING		R 07/08/2015			
	200//255 05 01/251/55		DDESS SITV (0170	0/2013	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SERENITY HEART FAMILY CARE HOME # 234 LEICESTER, NC 28748							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 142}	Continued From pa	ge 1	{C 142}				
	ambulatory resident 07/08/2015-PD: The corrected. In accordance Care Home Rules, two outside entrance must be at ground I with a one inch rise of the ramp." A ram from the front porce driveway or parking Construction section work orders, receiption						
{C 145}	Outside Entances/E	Exits-Handrails	{C 145}				
	8. Outside Entrand .2209)	nment (10 NCAC 42C .2201) ces/Exits (10 NCAC 42C es, stoops and ramps must be rails and guardrails.					
	unprotected by han- contractor and obta install hand rails on porch and the hand and copies of all pe	s a large area that is drails. Hire a qualified in all required permits and the open area of the front icap ramp. Provide photos rmits and approvals and all cumentation to the DHSR					
	corrected. The from approximately 8-9 fe	nis deficiency has not been not porch has an opening oot wide at the front. Install a the opening to 4 to 5 feet					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COME	(X3) DATE SURVEY COMPLETED	
		FCL011319	B. WING			R 08/2015	
NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOME # 234 LEICESTER, NC 28748							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
{C 145}	wide. Provide the	DHSR Construction section voices, work orders, receipts, by other supporting	{C 145}				

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Division of Health Service Regulation STATE FORM